

# Forensic Importance of Jealousy

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## ABSTRACT

*The aim of the investigation is to define as clearly as possible specific forensic psychiatric characteristics of persons who committed homicide and or attempted due to jealousy (the nature and severity of psychopathology, the level of responsibility, danger for the community, intensity and nature of aggression, the victimologic dimension, the relation of alcohol and jealousy). A retrospective method based on forensic psychiatric expertises in the period 1975–1999 was used. They encompassed 200 examinees that committed murder or attempted it. The results show the connection of psychotic jealousy with the highest degree of danger in diagnostic categories of paranoid psychosis and paranoid schizophrenia. The time span from the first manifestations of jealousy until the actual commitment of a crime is the longest in personality disorders and the shortest in schizophrenia. Exogenous provoking situations were dominant for committing homicide due to jealousy in personality disorders. Acute alcohol intoxication has a specific significance in crime due to jealousy in the same diagnostic category. Clear criteria were designed for forensic psychiatric evaluation of murder and attempts of homicide caused by jealousy, which will be of help in everyday practice in the field forensic work and treatment.*

**Key words:** *jealousy, forensic psychiatry, homicide, expertise, personality disorders, treatment*

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## Introduction

Jealousy is a feeling based on insecurity about one's own worth and appeal for a partner, and it manifests itself in a wide range of behaviors: from the so-called

normal jealousy, what is mostly a universal human experience, to extreme pathological manifestations that can be defined as a genuine mental illness.

The psychologist Gordon Clanton of San Diego State University defines jealousy as a feeling of displeasure with expresses itself either as a fear of loosing of the partner or discomfort over a real or imagined experience the partner has had with a third party<sup>1</sup>. Jealous situation is sometimes described as »the eternal triangle« referring to the fact that three parties are involved: the jealous one, the mate and the rival. It also presents out the complex array of emotions that characterize the experience of jealousy, including anger, rage, humiliation, fear, anxiety, sadness and depression. Some authors fail to distinguish jealousy from another term that is sometimes used instead: envy. Envy implies covetousness, malice, and ill-will directed at someone who has what you lack; jealousy, in contrast, implies the fear of losing to a rival a valuable partner that you already have<sup>2</sup>.

Despite the known fact of connection between jealousy and aggression, jealousy has been for a long time neglected in psychiatric investigations, and particularly little has been done in investigating pathologic jealousy within the field of forensic psychiatry. The line between »normal« and pathologic jealousy is not clearly defined. Distinction between pathologic and non-pathologic jealousy is equally important for both clinical psychiatric practice and forensic psychiatry.

Jealousy as a motive can be found in the classical works of literature, used by many writers. Two thousand years ago Euripides told a story of Medea, a woman abandoned by Jason because of Creusa. In jealous anger she killed her children and her rival as revenge to her husband's infidelity. This is an example of extreme reaction to provocation. Shakespeare in many of his works flirts and creates plots based on jealousy, like in »Othello« and »Winter Story«, where irrational outbursts of jealousy without outer provocations are described<sup>3</sup>.

A jealous person is burdened by obsessions or delusions of infidelity, accuses the partner and seeks for the proofs of infidelity. Delusional jealousy can occur within schizophrenia, dementia, alcoholism or psychotic disorders of other origin, in obsessive-compulsive disorder, mood disorders, as well as in paranoid personality disorder<sup>4</sup>.

There are various synonyms for pathologic jealousy, like morbid, sexual, psychotic or erotic jealousy, Othello's syndrome, sick, marital paranoia, delusion of infidelity. Other authors use the term pathological jealousy to describe obsessive, neurotic i.e. non-delusional form of jealousy<sup>5,6</sup>. There are opinions that jealousy should be considered pathologic even in absence of delusional beliefs if a person responds with inadequate intensity of affect to questions about the partner's infidelity<sup>7,8</sup>.

In scarce literature dealing with this topic<sup>9,10</sup> a whole series of controversial attitudes can be found regarding pathological jealousy. This term is used to describe a wide range of disturbances, including pathological states within various psychiatric disorders. Differential diagnostic distinction of ideas that are not psychotic on the one hand, and sick but not psychotic form on the other, from a »normal« jealousy can be hard in a particular cause, but has an important role in forensic psychiatric and legislative evaluation. It can occur in many psychiatric disorders, mostly in schizophrenia, paranoid psychoses, diseases caused by brain disorders, and in psychoses caused by alcohol.

The aim of the investigation is to make a clear definition of specific forensic psychiatric characteristics of murderers in whom jealousy was the motive of the crime. In this respect we investigated the nature and severity of the offenders' psychopathology, the degree of responsibility, danger for the community, intensity and nature of aggression emerging from jeal-

ousy, victimological significance and the connection of alcohol and jealousy. Little has been done regarding the understanding of biopsychosocial characteristics of pathologic jealousy at the same time respecting neurobiological, psychological and cultural parameters.

### Sample and Methods

We used a retrospective method to analyze forensic psychiatric expertise's done in the period 1975–1999, comprising 200 examinees – criminal offenders who committed murder or an attempt of murder in the Center for Forensic Psychiatry of the Psychiatric Hospital »Vrapče«, Zagreb.

The sample consists of all expertises with the motive of homicide or its attempt due to jealousy within the mentioned time span. Within the total sample crystallized control groups within particular diagnostic criteria in regard to symptoms of psychotic and non-psychotic jealousy. During the investigation we divided the sample regarding the existence of symptoms of psychotic and non-psychotic jealousy. As the basic investigation instrument, we used a modified questionnaire (the modification of Nedopil's standardized questionnaire applied in forensic psychiatry, Nedopil 1987<sup>11</sup>, which contains all relevant data: from demographic ones (gender, age, marital status, educational level, vocation, etc.) to criminological ones (type of the crime, means of the deed, the relation of the offender and the victim, etc.) up to forensic psychiatric in the narrower sense (the ICD diagnosis, evaluation of responsibility and danger, recommendation for security measures, etc.).

The collected data are statistically analyzed by using the descriptive statistic and discriminative analysis of determined variables. The data are treated in the form of contingent tables, with calculating the  $\chi^2$  and Pearsons R correlation co-

efficient. The statistical significance was established at the 5% level. The statistical analysis was performed by SPSS statistical software.

### Results

#### *Crime*

In the observed group the crime of murder due to jealousy was done in 49% of the cases, and murder was attempted in 50.5% of them. A previous crime caused by jealousy existed in 23% of the cases. The most frequent site of the crime was the place of living (50%), then an open space. The most frequently used devices for the crime were cold weapons (44.0%) and fire arms (30.5%).

#### *Victimology*

In the majority of cases the victim was a marital partner (62%), or an unwedded partner (19%). Among offenders with non-psychotic jealousy in 9.5% of the cases it was the partner's lover, what proved statistically significant. In the majority of cases there was no other victim, and if he/she existed, it was the partner's lover, in the total of 11 cases (Table 1).

Among the offenders with psychotic jealousy, in most cases there was no contribution to the crime (17.5%), while among the offenders with non-psychotic jealousy the extortion to the crime existed in a higher degree (21.5%) as well as conscious provoking of the offender (20.0%). Statistically significant difference was confirmed ( $\chi^2$  73.368, df=3, p=0.000).

Regarding diagnostic categories, it was shown that the persons with the diagnosis of alcohol abuse in the majority of cases had a latent period from the manifestation of jealousy till the commitment of crime over five years (9%), those with the diagnosis of personality disorder had the most frequent lapse of time of one year (19%), and then in the period more than five years (18.5%). In the diagnostic

**TABLE 1**  
THE RELATIONSHIP BETWEEN THE OFFENDER AND THE VICTIM OF HOMICIDE AND HOMICIDE ATTEMPT FROM JEALOUSY

Relations	Psychotic symptoms of jealousy					
	Absent		Present		Total	
	N	(%)	N	(%)	N	(%)
Spouse	80	40.0	44	22.0	124	62.0
Victim's child (adult)	1	0.5	0	0	1	0.5
Other relatives	2	1.0	0	0	2	1.0
Unwedded partner in heterosexual relationship	33	16.5	5	2.5	38	19.0
Acquaintance / friend	10	5.0	4	2.0	14	7.0
Unknown male person	1	0.5	0	0	1	0.5
Lover of the offender's partner	19	9.5	1	0.5	20	10.0
Total	146	73.0	54	27.0	200	100.0

category of schizophrenia and paranoid psychosis the most frequent period was in the category up to a year (8%). Eleven offenders were female and 189 were male.

#### *Social factors*

The majority of the offenders was present in the 41–45 age groups (23%), followed by the 36–40 age group (21%). In most cases the offenders were married (70.5%), then unmarried ones, but having a partner (11.5%).

The most offenders belong to the group of craftsmen (22.5%), then to the group of agricultural or forest workers (18.5%). Most of them completed primary school (27%), and then follow those with secondary education (25.5%). For these results, statistically significant correlation between offenders with psychotic and non-psychotic jealousy was not found. In both groups of subjects we found several straining factors in familial psychological situation (frequent severe conflicts, poor emotional relationships) and in the offenders' childhood or adolescence (marked aggressiveness, disturbed adaptability, development disturbances, educational problems).

#### *Psychiatric case history*

Among offenders with psychotic jealousy there were a larger number of previous psychiatric hospitalizations in comparison to non-psychotic offenders. In examinees with psychotic jealousy the most frequent reason for hospitalization was schizophrenia, and in non-psychotic offenders alcohol abuse and personality disorders/neuroses ( $\chi^2=52.304$ ,  $df=6$ ,  $p=0.000$ ).

Among the offenders with psychotic jealousy in the majority of cases during expertise the diagnoses of schizophrenia (16 offenders) and paranoid psychosis (16 offenders) were established, then follow psychoses caused by alcohol (9 offenders). In offenders with non-psychotic jealousy the most frequent diagnoses were dissociating personality disorder (45 offenders), then other specific personality disorders (including the neurotic one) in 43 of them and paranoid personality disorder<sup>12</sup>. The correlation is statistically significant and very distinct ( $\chi^2=158.139$ ,  $df=24$ ,  $p=0.000$ ).

#### *Forensic psychiatric analysis of criminal acts*

A larger number of offenders with non-psychotic jealousy were under the influ-

ence of alcohol during the commitment of crime (43.5%) than among offenders with psychotic jealousy (21.5%). The correlation is statistically significant and very distinct ( $\chi^2=24.263$ ,  $df=1$ ,  $p=0.000$ ).

A particular affective state caused by provocation for the commitment of crime definitely existed in 67% of the offenders with non-psychotic jealousy, but did not exist in most cases among the psychotic offenders.

A real mental illness was diagnosed in 41 offenders with psychotic, and in one with non-psychotic jealousy, diagnosed as residual schizophrenia. The correlation is statistically significant and well marked ( $\chi^2=129.830$ ,  $df=1$ ,  $p=0.000$ ). A temporary mental disorder existed in 73 offenders with non-psychotic jealousy and in 4 offenders with psychotic jealousy. Correlation is statistically significant and very distinct. Mental retardation was present in one offender with psychotic, and in five with non-psychotic jealousy.

The offenders with psychotic jealousy were considered as irresponsible, while the majority of offenders with non-psychotic jealousy were significantly less responsible (37.5%). There is statistically significant and well outlined difference ( $\chi^2=148.563$ ,  $df=3$ ,  $p=0.000$ ).

#### *Legal criteria and recommendation*

The risk of repeated crime due to jealousy in the majority of cases surely does exist mostly among offenders with psychotic jealousy, i.e. in diagnostic categories of paranoid psychosis and schizophrenia, and probably does not exist in the majority of offenders with non-psychotic jealousy, where the most numerous were offenders with the diagnosis of dissociating and other specific personality disorders. Correlation is statistically significant and distinct ( $\chi^2=263.097$ ,  $df=72$ ,  $p=0.000$ ).

Treatment measures and confinement in a health institution were pronounced in the majority of cases for offenders with psychotic jealousy (21%), while in the majority of offenders with non-psychotic jealousy safety measures were not pronounced, but 26% of the offenders with non-psychotic jealousy were put to treatment of alcoholism in a health or penal institution.

#### **Discussion**

The literature presents the data about greater prevalence of men among offenders due to jealousy<sup>12</sup>, but that does not mean that men are more jealous than women. It can be said that pathological jealousy is more frequently a dangerous state among men, and thus psychiatrists pay more attention to them. They more frequently present homicidal and suicidal behavior<sup>13</sup>. There are data that in psychotic jealousy within schizophrenia women are more numerous, while men are more numerous in alcoholic psychoses.

It seems that alcohol is a more constellational factor in examinees with non-psychotic jealousy, and that significantly more often contributes to the commitment of crime<sup>14</sup>. Alcohol has an important role in the occurrence of jealousy. Many authors accentuate the importance of alcohol in the development of jealousy, especially of its pathological form<sup>15,16</sup>. However, it is often forgotten that female alcoholics can, until the manifestation of delinquent behavior, have not only chronic jealous delusions over years, but also delusions occurring only shortly<sup>17</sup>. The identification of an early phase in alcoholic jealousy when jealousy is expressed only when a patient is intoxicated, has a great importance in prevention.

In offenders with non-psychotic jealousy in the majority of cases there was a longer conflict between the offender and the victim. This is supported by the exist-

tence of a particular affective situation, which in most cases existed in the offenders with non-psychotic jealousy. In the USA the murder of a spouse due to provocation caused by identifying a lover, infidelity, etc., is treated as an involuntary manslaughter. Legislatures in some countries allow such provocations to be a reason for release. A provoking incident presents a situation when a spouse is seen in adultery, or the facts about infidelity cumulate, the intensity of jealousy grows, and that can last through weeks, months, even years<sup>18</sup>.

The examinees mostly belonged to age groups from 36 to 40 and 41 to 45 years, respectively. In the literature are found data<sup>19</sup> that the age in which people for the first time come to a doctor due to pathologic jealousy is from 20 to 60 years, but 73% of them are under the age of 50. Todd<sup>20</sup> cites that a big age difference between spouses is one of the factors that predispose a man to develop pathologic jealousy.

There are various opinions about what actually determines jealousy in a partnership<sup>2</sup>. Important are personality characteristics and the nature of relationship between partners, as well as their relation and situation in which they are at a particular period of time. Personality characteristics leading to problematic jealousy are decreased self-esteem; feeling of dissatisfaction; chronic doubts and neurotic tendencies<sup>21</sup> while the experience that one has been deceived by a partner has been deceived in the past increase vulnerability to jealousy<sup>22</sup>.

In the examinees with non-psychotic jealousy in our research jealousy did not have pathological dimensions, but with its manifestation presented one of the symptoms of abnormal personality structure (the most frequent were diagnoses of dissociating and other personality disorders). At the time of the act, a personality disorder, intense feeling of jealousy, a

strong increase in affective tension and the state of acute alcohol intoxication determined the behavior of offenders with non-psychotic behavior in most cases. The accumulation of these states most frequently led to significantly lessened responsibility.

For the majority of offenders with psychotic jealousy it is characteristics that paranoid development lasted at least several weeks (and months) before the crime, and achieved clear psychotic dimension with dominant jealous ideas. The offender is completely non-critical towards the development of such firmly fixed delusional system. Persons with pathologic jealousy express various forms of hostility towards their partners<sup>23</sup>. Aggression can be minimal with a slight hostile ideation or connected with extreme physical violence during which a homicide can happen<sup>24,25</sup>.

The risk of repeating a crime due to jealousy was evidenced in the majority of cases in offenders with psychotic jealousy (mostly in paranoid psychosis and schizophrenia). Due to danger for the community, such offenders are being treated and confined to an institution. The danger of pathological jealousy is seen in its possibility of repeating. It can occur by entering a new relationship during which violence can mostly repeat. Scott says that jealousy is often a motive in murders by offenders released from prison or hospital, who had a previous history of a crime due to jealousy<sup>8</sup>.

The line between »normal« and pathological jealousy are not clearly defined. We suggest the distinction of jealousy on three basic levels – based on the categories of normal, psychopathological (non-psychotic) and psychopathological (psychotic), comprising:

1. The so-called normal jealousy, that presents universal human experience and that can be understood on the basis of

knowing the structure and dynamics of a person without any psychiatric diagnosis, and the person's interactions with the surroundings, primarily with a lover and sexual partner (or partners).

2. The »abnormal« jealousy that has a dimension of psychiatric disturbance on the level of a genuine personality disorder, psychoorganically caused disorders, psychogenic affective reactions, alcohol or drug abuse etc., but does not reach the quality of a psychotic disorder.
3. The psychotic (pathologic, sick) jealousy, having clear delusional dimensions or other qualities that justifiably equal it to delusions.

The correct classification and evaluation of jealousy is important both because of forensic psychiatric expertises and of applying various treatment methods<sup>26</sup>. In psychotic jealousy primary is the application of psychopharmaca<sup>27</sup>. U resistant cases, electrostimulation therapy is recommended. In non-psychotic jealousy, psychotherapy has priority, as well as possible treatment of alcoholism and family therapy<sup>9,16,21,28</sup>. Cognitive behavioral therapy during treatment aims to help a pa-

tient to get rid of irrational and wrong convictions, investigates the origin of decreased self esteem or feeling of inadequacy, and teaches the patient how to control emotions and behavior<sup>29</sup>.

There are specific forensic psychiatric features of criminal acts of homicide and homicide attempts committed due to jealousy. It has been shown that the symptom of psychotic jealousy is connected with the highest degree of danger in the diagnostic category of paranoid psychosis and paranoid schizophrenia, and that the time span between manifesting of jealousy until the deed is the longest in personality disorder and the shortest in schizophrenia. Exogenous provocative situation dominantly determined the commitment of crime in the diagnostic category of personality disorders, and the acute alcohol intoxication had a special significance in committing the act due to jealousy in the diagnostic category of personality disorder<sup>30</sup>.

The presented results could be of help in everyday forensic psychiatric practice and in making expertise, as well as in the field of forensic psychiatric treatment of offenders.

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## FORENZIČKI ZNAČAJ LJUBOMORE

### SAŽETAK

Cilj istraživanja je što jasnije definiranje specifičnih forenzičko-psihijatrijskih obilježja počinitelja ubojstva i pokušaja ubojstva kod kojih je bila prisutna ljubomora (priroda i težina psihopatologije počinitelja, stupanj ubojivosti, opasnost za okolinu, intenzitet i priroda agresije proizišla iz ljubomora, viktimološka dimenzija, povezanost alkohola i ljubomora). Korištena je retrospektivna metoda na osnovu forenzičko-psihijatrijskih ekspertiza koje su učinjene u razdoblju od 1975. do 1999. godine, a koje se odnose na 200 ispitanika – počinitelja kaznenih djela ubojstva i pokušaja ubojstva. Rezultati pokazuju kako je simptom psihotične ljubomora povezan s najvećim stupnjem opasnosti kod dijagnostičke kategorije paranoidne psihoze i paranoidne shizofrenije, vremenski je razmak od manifestiranja ljubomora do počinjenja djela najveći kod poremećaja ličnosti, a najkraći kod shizofrenije. Egzogene provokativne situacije dominantno su određivale počinjenje delikta kod dijagnostičke kategorije poremećaja ličnosti, stanje akutne alkoholiziranosti imalo je posebno značenje kod počinjenja delikta zbog ljubomora kod dijagnostičke kategorije poremećaja ličnosti. Formulirani su jasni kriteriji za forenzičko-psihijatrijsku procjenu kaznenih djela ubojstva i pokušaja ubojstva počinjenih zbog ljubomora koji će pomoći u svakodnevnoj praksi forenzičko-psihijatrijskog rada, kako na području vještačenja, tako i na području forenzičko-psihijatrijskog tretmana.